



Independent Assessment

Presentation to the Legislative
Oversight Committee
October 13, 2010



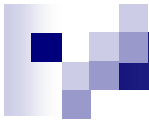
Summary of the Special Provision to Implement Independent Assessment on Mental Health Services 10.36(a-c)

- Start October 1, 2010
- Require that an independent assessment be conducted prior to delivery of Medicaid enhanced services
 - An initial assessment or continuing need assessment performed by independent entity not providing services in question
 - The independent assessment entity recommends the type and amount of services based on health condition and need of individual



Summary of the Special Provision to Implement Independent Assessment on Mental Health Services 10.36(a-c)

- Anticipated savings of \$7.7 million
- If savings not achieved, also require targeted independent assessments for:
 - Individuals exiting inpatient facilities
 - High-cost/ high-risk individuals with high behavioral health or medical needs
 - Individuals for whom additional continuing care authorizations are being requested
 - Individuals moving to a higher, more intensive level of care
- Report of saving generated and other findings April 1, 2011



Goals of Implementation

- Meet requirements and intent of provision
- Ensure don't create barriers to service access
- Use existing resources instead of creating a new infrastructure
- Integrate into current authorization process
- Ensure do not undermine role of CABHAs



Challenges to Implementation

- FY10 had over 40,000 new service recipients for enhanced MH/SA (Medicaid/IPRS) services. Served total of over 108,000 Medicaid MH/SA.
- Have placed assessment within the CABHA core services. Do not have established infrastructure of independent licensed individuals who can do assessment outside of CABHA.
- Questions about how to
 - ☐ Identify independent licensed practitioners
 - ☐ Refer
 - ☐ Ensure sufficient awareness of community treatment/ support
 - ☐ Minimize conflict of interest or competition issues among CABHAs
- How to ensure that service participants would engage in this assessment. Concerns that transition to another provider following and assessment could create barrier for entering services and many would simply drop out of service
- Aggressive timeline to implement by October



Approach to Implementation

Need to evaluate whether referral to enhanced services is appropriate. For referral to occur licensed individual needs to sign off on PCP and service order.

- Specifically target the quality of the referral process at the point of the Service Order/PCP sign off.
- By using quality of care reports from utilization vendors and by identifying providers with high rates of denials/appeals, can conduct targeted independent reviews using psychiatrists/ psychologists to review records to see if services being requested are needed based on assessment and best practice.
- Do same type of independent assessment on random sample of providers who have not been identified in quality of care reports.
- Will help identify trends between the groups as well as whether using quality of care reports is a reliable way to trigger an independent review.



Current Status

- Continue to work on implementation of targeted independent review at point of service order
- Recognizing the complexity of implementing independent assessment have moved to put in place targeted independent assessments for individuals with high service needs to achieve as much of anticipated savings as possible. Can implement this process in a more timely manner
- Draft plan focuses on independent assessment when individual exceeds certain level service duration or frequency for ACTT, CST, PSR, IIH, Day Treatment, inpatient or crisis services. E.g. individuals receiving ACTT for greater than 18 months
- Would be completed by independent licensed practitioner and submitted with re-authorization request as information and recommendations for authorizing entity to consider in making a re-authorization decision



Next Steps

- Because the assessment impacts service type, frequency, and duration the plan needs to be reviewed by Physicians Advisory Group (PAG).
 - It was submitted to PAG on August 24,2010
 - Is being reviewed by MH subcommittee.
 - Expect PAG to take action at October meeting
 - Following review will be posted for 45 day comment period
- Will work with multi-stakeholder group to develop implementation strategies
- Collect data on cost savings, referrals, and outcomes